



The City of New Orleans establishes an overall goal of 35% utilization of socially and economically disadvantaged businesses for all public spending or private projects that utilize public funding and/or incentives.

FORM DBE-4

Complaint Form

Use this form to file a complaint against, or an allegation of wrongdoing by, a City of New Orleans contractor, agency, department or employee. You can download a PDF fill-in version of this form at www.nola.gov. Contact the Office of Supplier Diversity at 504-658-4200 if you require assistance with completing this or any other DBE form.



Office of Supplier Diversity

EQUAL BUSINESS OPPORTUNITY PROGRAMS

FORM DBE-4

COMPLAINT FORM OVERVIEW

In an effort to improve oversight, accountability and compliance on City of New Orleans procurements, the Office of Supplier Diversity facilitates the reporting of complaints against, or an allegations of wrongdoing ("complaints") by, a City of New Orleans contractor¹, agency, department or employee. Complaints that may be reported include, but are not limited to:

- Contract, procurement and grant fraud
- Non-compliance with DBE, locally-owned or other contract participation goals
- Environmental, health or safety violations
- Racial, sexual or other alleged discriminatory behavior
- Slow payments by the City of New Orleans
- Slow payments prime contractor to a subcontractor
- Computer crime(s)
- Product substitution and suspect/counterfeit parts
- Bribery, kickbacks and/or gratuities
- False statements and/or false claims
- Conflict(s) of interest and/or ethics violations
- Theft and/or abuse of government property
- Violation(s) of criminal or civil law by a City of New Orleans contractor
- Other violations of City, State, or Federal laws and regulations

Complainants are encouraged to provide **relevant and specific details** of their complaint including, but not limited to:

1. The identity of the person, company, or organization that is the subject of the complaint;
2. Relevant and specific details of the complaint;
3. The City facility, department, contract, or program affected by the complaint;
4. The contract number, contract description, or other identifying information related to the complaint;
5. The date(s) of the alleged infraction(s)
6. How the complainant is aware of the alleged impropriety;
7. The identities of potential witnesses; and
8. Any additional supporting documentation or relevant information regarding the complaint.

Complaints may be reported by City of New Orleans contractors, employees or the general public. Complaints may be filed via e-mail 24 hours a day, in person Monday through Friday between 9am and 5pm, or by mail. Complaints should be addressed to:

City of New Orleans
Office of Supplier Diversity
Equal Business Opportunity Programs
Attn: Director of Supplier Diversity
1340 Poydras, 10th Floor | New Orleans, LA 70112
Office (504) 658-4200 | Fax (504) 658-4238

All complaints must be made in writing utilizing **Form DBE-4**. Complaints with limited specificity or merit may be held in abeyance until further, specific details are reported. Upon receipt of a specific complaint, the Director of the Office of Supplier Diversity may take any one or more of the following actions:

1. Open an investigation or review of the complaint;
2. Refer the matter to the appropriate Deputy Mayor;
3. Report the matter to the Chief Administrative Officer;
4. Report the matter to the Office of Inspector General; and/or
5. Report the matter to law enforcement.

Individuals who file a complaint are not required to identify themselves. However, persons who file complaints are encouraged to identify themselves in the event additional questions arise during an investigation.

Confidentiality

The Office of Supplier Diversity will protect the identity of complainants to the maximum extent possible by law. Employees who file complaints may specifically request confidentiality.

¹ Contractor is defined herein as construction contractor, professional services contractor or non-professional services contractor.



Office of Supplier Diversity

EQUAL BUSINESS OPPORTUNITY PROGRAMS

FORM DBE-4

COMPLAINT FORM

Complainant (Individual or Firm): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

By: _____ , _____ / _____ / _____
(Signature) (Title) (Date)

I am submitting a complaint or allegation of wrongdoing against:

Individual, Firm, Department or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

My complaint is in reference to the following contract and/or City of New Orleans project:

RFP/RFQ/P.O./Bid/Solicitation/Other # _____ Project Description: _____

I am submitting a complaint against the above-reference individual, firm, department or agency for the following reason(s) (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Contract, procurement and grant fraud | <input type="checkbox"/> Bribery, kickbacks and/or gratuities |
| <input type="checkbox"/> Non-compliance with DBE, locally-owned or other contract participation goals | <input type="checkbox"/> False statements and/or false claims |
| <input type="checkbox"/> Environmental, health or safety violations | <input type="checkbox"/> Conflict(s) of interest and/or ethics violations |
| <input type="checkbox"/> Racial, sexual or other alleged discriminatory behavior | <input type="checkbox"/> Theft and/or abuse of government property |
| <input type="checkbox"/> Slow payments by the City of New Orleans | <input type="checkbox"/> Violation(s) of criminal or civil law by a City of New Orleans contractor |
| <input type="checkbox"/> Slow payments prime contractor to a subcontractor | <input type="checkbox"/> Other violations of City, State, or Federal laws and regulations |
| <input type="checkbox"/> Computer crime(s) | |
| <input type="checkbox"/> Product substitution and suspect/counterfeit parts | |

Please provide relevant and specific details of your complaint below. If you have documents to support your complaint attach them to this document. If you need additional space, please use another page and attach it to this form.

☐ See statement and/or evidence attached.

Office of Supplier Diversity (OSD) Use Only

Date received by OSD _____/_____/_____

Received by _____
(Initials)

Initial Action Taken

- ☐ Opened an investigation or review of the complaint;
☐ Referred the matter to the appropriate Deputy Mayor;
☐ Reported the matter to the Chief Administrative Officer;
☐ Reported the matter to the Office of Inspector General; and/or
☐ Reported the matter to law enforcement.

Initial Action Taken on _____/_____/_____